

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034987

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 30 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Laddonia	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) William Guss Nolan			4. DATE OF DEATH Month 9 Day 22 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-26-1879	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retd. Farmer		11. BIRTHPLACE (City and state or country) Carrolton Illinois	
13a. FATHER'S NAME D.R. Nolan		13b. MOTHER'S MAIDEN NAME Lahr		14. NAME OF HUSBAND OR WIFE Mary Louise Nolan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. [REDACTED]		
17. INFORMANT Address Mrs Burton Hopke Laddonia, Mo.					

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 14 hours
DUE TO (b) Generalized arteriosclerosis		30 years
DUE TO (c) etiology unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) previous CVA		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Vandalia, Mo.	
21. I attended the deceased from 1-7-63 to 9-23-63 and last saw him alive on 9-23-63 Death occurred at 10:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William W. Bradley MD		22b. ADDRESS Farber, Mo	
22c. DATE SIGNED 9-23-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-24-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Garden	
23d. LOCATION (City, town, or county) Vandalia, Mo.		23e. DATE RECD. BY LOCAL REG. Sept. 24. 1963	
24. FUNERAL DIRECTOR Wilkey-Bienhoff Laddonia, Mo.		25. REGISTRAR'S SIGNATURE Alberta Edmonston	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	1 0047	2 0040	3	4 0	5 2	6	7 1	8 2	9 332X	10	11	12 1-0	13 3-0
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clyde L. Mearns

Licensed Embalmer No. 3820

P. O. Address

Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.